



**U.S. Immigration
and Customs
Enforcement**

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Medication Administration Guide

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Foreword

This IHSC Medication Administration Guide supplements the following IHSC Directive:

03-16 (ERO # 11750.1), *Medication Administration*

This Guide explains concepts, assigns responsibilities and details procedures for medication administration.

The intended audience is IHSC health care providers.

I. Overview

Medication administration is a process that requires organization, planning, and quality management.

A. Disciplines Authorized to Administer Medications to Detainees

The following disciplines are authorized to administer medications to detainees/residents within the scope and limits set by applicable state licensing authorities:

Physicians

Dentists

Pharmacists (administer medication [medication and route] in accordance with their state licensing agencies and as approved by the Associate Medical Director or designee.)

Nurse Practitioners (NP)

Physician Assistants (PA)

Registered Nurses (RN)

Licensed Practical Nurses (LPN)

Licensed Vocational Nurses (LVN)

Contract providers empowered to administer medication by their state licensing agencies

B. Distribution System for Supervised Dosing of Restricted Medications

The Health Services Administrator (HSA), in collaboration with pharmacy, nursing, and the Clinical Director (CD), develop and implement a distribution system for supervised dosing of restricted medications at their medical facility. Procedures at each medical facility take into consideration staffing, hours of operation, equipment and space. The following medications are administered through this system:

Medications listed in the Controlled Substance Act of 1970 and its amendments (Commonly referred to as Scheduled medications).

All narcotics and controlled substances.

All psychotropic medications.

All tuberculosis treatment medications.

All antiretroviral medications.

Oral medications provided to a detainee/resident in segregation with the exception of nitroglycerin. KOP (Keep-on-Person) status may be continued for topical creams/ointments, inhalers (and spacers if issued), suppositories, and eye/ear/nasal medications unless pill line use is deemed necessary. The ordering provider may make an exception for KOP use on an individualized basis and must document this in the record.

Any medication for which the medication's prescriber or facility pharmacist deems compliance-necessary should be monitored.

Medications whose therapeutic effect must be evaluated on a daily basis (e.g., insulin).

Patients/residents admitted to the Medical Housing Unit (MHU) will receive all medications via nursing services/delivery.

II. General Information

Once the provider determines that a patient requires medication for a disease or condition, he/she determines the following:

Should the patient be given the medication to self-administer (KOP)?

Should the medication be administered by medical staff (pill line)?

The provider enters the prescription into the patient's health record indicating whether the medication is KOP or pill line and forwards the order to the pharmacy. The pharmacy fills the prescription and either dispenses the medication or delivers the medication to nursing for delivery to the patient. The nurse delivering the medication to the patient is responsible for delivery of appropriate education (reason medication prescribed, how to take it, what the desired effect is, what the major side effects are) and documentation of medication delivery and patient education in the patient's health record. The nurse uses translation services, as needed.

In the case of any of the above, the pharmacist dispenses a prescription for the desired amount of medication to the nursing staff who will then administer the medication via pill line :

All prescriptions are properly reflected on the computer generated Medication Administration Record (MAR).

The medication prescribed is stored in a properly secured area.

The medication is properly poured and administered to the patient utilizing the five (5) rights of medication administration, (right medication, right dose, right time, right patient, and right route).

During medication administration, patient privacy will be maintained to the best ability of staff.

The documentation is completed at the time the medications are given and the health care provider annotates the effects on the patient if it was an as needed (P.R.N.) medication.

Providers will specify length of therapy on all medications ordered. When a length of therapy is not specified, the pharmacist is responsible for checking with the provider.

Approved times for administration of medications:

Approved pill line times are determined locally by the HSA and the CD based on patient need.

Currently, available time selections in the electronic health record (eHR) include:

- Daily AM
- Daily noon
- Daily PM
- Bedtime
- Two times daily
- Three times daily
- Four times daily
- Five times daily

For other needed frequencies, the provider enters the order into the electronic health record, prints the prescription, and delivers the printed prescription to the pharmacist. These prescriptions are NOT sent electronically to the pharmacy.

When MARs are prepared for a patient, the nurse will ensure that the following information is provided on the MAR:

Patient's name.

Alien number or other system assigned identification number.

Allergy (drug and food).

Diagnosis.

Name of medication.

Dosage and frequency.

Route of medication.

Date of administration.

The nurse transcribing the order will change the order status in the electronic health record (eHR) to "Pill Line" and place a note documenting the transcription.

Special precaution(s) when taking meds.

The prescribed time that the medication should be taken.

When a Pill Line prescription is within three days of expiration, the nurse on duty will notify the medical provider of the pending expiration. The medical provider will determine whether to reorder the medication or make other clinically appropriate changes.

Each shift's incoming and outgoing nurses jointly count all controlled drugs and log the inventory on the controlled substance sheet. Only one staff member per shift will maintain control of keys to access the controlled substances (one person control).

Nurses taking a verbal telephone order for controlled substance should write the order and document the order receipt in the eHR. Also, they should send a chart review to the ordering prescriber. Verbal orders for non-controlled medications should be handled in the same manner, but filling out the prescription is not required.

III. Verbal Orders/Telephone Orders

Avoid verbal orders. If the provider is in the clinic, the provider should write the order. When circumstances warrant the use of a verbal order, the verbal order should be entered into the eHR as soon as possible and electronically signed by the ordering provider, via chart review.

Typically, telephone orders are used only in an emergency in which delay in care would endanger life or limb, or cause the patient unnecessary pain. The order for medication must be documented in the eHR and read back to the ordering provider. The nurse who receives the order and assigns it to the ordering provider must complete a telephone encounter for the next day in the patient's eHR. The ordering provider will confirm the accuracy of the order. The nurse documents the order, example (Telephone Order with read back Dr. Provider, Motrin 800mg p.o. now). All telephone orders must be acknowledged by the ordering provider within 24 hours of returning to the clinic for their next work shift.

IV. Procedures for Administering Medications in the Medical Housing Unit.

Review the patient's medication prescriptions carefully. Note name of medication, dose, route, time, and verify patient name. If in doubt, ask the provider who wrote the order for interpretation. If they are not available, clarify with the physician. If there is no physician, clarify with the pharmacist.

Read the medication order in its entirety. Identify the patient by a minimum of two identifiers, i.e., arm band, ID photo, date of birth.

Sanitize hands with standard antimicrobial agent, prepare, then administer medications.

Record administration of drug on the MAR form.

Report any unusual side effects to the provider as soon as possible.

Chart intravenous medications given throughout the day in the eHR or the SF 600 progress note as regular medications along with I.V. additives. Flow is monitored as prescribed. Patient is checked to ensure that the I.V. site is not infiltrated and that there is no sign of infection. Vital signs and possible adverse reactions are monitored as prescribed per provider order.

I.V. Medications:

Prepare and administer the IV medication as ordered.

Check I.V. access for patency and condition of vein prior to beginning the administration of the drug.

If P.R.N. adaptor is utilized, flush with saline solution after administering medication.

V. Procedures for Administering Medications in the Clinic and Pill Line.

Medications that may need crushing or given in liquid form must be ordered in that form by the ordering provider. The pharmacy will then order the medication in the appropriate form.

The pill line nurses must see two forms of identification (photo ID and Alien number) to ensure the correct patient is receiving the correct medications. The nurses use translation services, as applicable.

The nurse directly observes the patient swallowing the medication and completes a thorough mouth inspection (DOT). The nurse will also observe the palms of the patient's hands to prevent "palming" of medication.

All documentation will be completed as followed on the MAR and eHR:

Place initials on the provided space for the assigned date and time as the medications are given.

If a detainee is a “No Show” for medications, document on the space provided for assigned date and time with an “NS” with a circle around it and a note on the MAR. A note must be placed in the patient’s eHR and a chart review must be completed to the assigned medical provider. Every effort must be made to locate the patient. Alert the assigned medical provider by completing a chart review.

If a patient refuses scheduled medication, the staff must obtain a refusal form signed by the patient and staff. The nurse should explain the risks of not taking medication as prescribed. The nurse will then document the patient’s refusal on the MAR under the correct date and time with an “R” and circle around it. The nurse will also document in the patient’s eHR that a refusal occurred. This encounter is assigned to the medical provider (alerting him or her) regarding the medication refusal.

If the medication is held, document on the space provided for the assigned date and time with an “H” with a circle around it and a note on the MAR.

If “Other” (medication not available, etc.), document on the space provided for the assigned date and time with an “O” for Other on the MAR and a note on the MAR. For example, if the patient does not need the Regular Insulin (e.g., the Blood Sugar = less than 151 mg/dl) depending on the sliding scale order, document it on the space provided for the assigned date and time with an “O” for Other on the MAR.

Adhere to the following when discarding medications:

Do not prepour medications.

Discard all medications after removing them from the prescription bottles if not used from the medication cups or if the medication falls on the floor.

Do not leave any medication in the medication containers in drawers or container holders, etc. Use your judgment when discarding medications. For example: when the detainee/resident is not available (court, etc.), the medication will be given at the next pill line unless the medication is taken to medical for administration once the detainee/resident returns from court, etc.

Document on the back of the MAR the reason why the medication was not given (Refusal, No Show, Hold, Other) and the disposition of the medication when discarding it.

Two nurses are required for disposal of controlled substances. One nurse disposes of the controlled substance while another nurse witnesses the disposal. Each nurse documents the Narcotic Accountability Form in the medication room with their signature to confirm they witnessed the disposal.

VI. Procedures Concerning the Medication Cart

At each change of shift, the oncoming and outgoing duty RN (LVN/LPN if RN not available) will count the Controlled Drugs kept in the Medication Cart. This inventory information and the RN's or LVN's/LPN's initials will then be transcribed onto the Controlled Substance Inventory Form.

If the balances listed on the inventory form do not correspond with the current inventory, the oncoming duty RN (LVN/LPN if RN not available) should review this discrepancy with the off-going duty person and resolve the situation. If the discrepancy cannot be resolved, staff performing the last audit will submit an incident report to the HSA and CD or designee.

The pill line nurses or nursing staff are responsible for restocking the medicine cart with medicine cups. These supplies are monitored on a daily basis.

The medicines for each patient should be individually checked to ensure the proper quantity has been dispensed, or is remaining for the next shift. If a discrepancy is noted and not marked, a note should be made to the pharmacist.

VII. General Safeguard for Medicines

Before any medications are given, an allergy history should be taken.

When administering injectable penicillin:

Order must be entered into eHR by the provider.

Question patient as to allergies.

Remove Penicillin from the refrigerator and warm it up to at least room temperature before injection. Give prescribed dosage of Penicillin deeply I.M., into upper outer quadrant of buttocks. The detainee stays in medical for 15 minutes after injection in case of allergic or anaphylactic reaction.

Medications for emergency use are kept in the top drawer of the Crash Cart or Emergency Cart.

Medications on the crash cart are examined once a month by the pharmacy department and after the cart is used. Nursing notifies pharmacy immediately if crash cart seal is broken or if cart has been used.

Respirations are checked before administering a controlled substance. If respirations are below 12, the medicine is withheld and the provider is informed.

Used syringes and needles are placed into an appropriate Biohazard Sharps receptacle under security measures. Do not recap needles at any time. Needles are no longer broken at the needle hub.

All insulin doses must be verified for accuracy by another LPN, RN, PA, NP, Dentist, Pharmacist or MD prior to administration. Both staff member's initials are to be documented on the MAR.

The nurse scheduled to round on the segregation unit and MHU is responsible to administer medications to those detainees/residents in segregation and MHU.

PRN medications will be documented on a separate Medication Administration Record for PRN medications.

VIII. Procedures for Administering Insulin

Administration of insulin is performed in the triage or clinic area, with the exception of the detainees/residents housed in segregation. Only one patient may be in the area at a time.

Insulin administration may also occur in segregation with the appropriate sharps containers available.

Provide education on safety syringes, administration and disposal of equipment to any patients who will self-administer insulin. Document all health education on the progress note.

The nurse supervising the self-administration visually tracks the syringe from administration of medication to disposal.

All insulin doses must be checked three times prior to administration.

All insulin doses must be verified for accuracy by another LPN, RN, PA, NP, Dentist, Pharmacist, or MD prior to administration. Both staff members' initials are documented on the MAR.

All medication errors must be reported on the IHSC incident reporting form and submitted to the HQ Incident Reporting mailbox as soon as possible and no later than 72 hours (24 hours if serious incident).

IX. References

Performance-Based National Detention Standards (PBNDS) 2011:

- a. Medical Care 4.3 (G), Pharmaceutical Management.
- b. Medical Care 4.3 (S), Delivery of Medication.
- c. Medical Care 4.3 (X) (9), Informed Consent and Involuntary Treatment.

ICE Family Residential Standards: 4.3 V Expected Practices, 5, Pharmaceutical Management.

American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
 - (1) 4-ALDF-4C-38
 - (2) 4-ALDF-4C-39
- b. Standards for Adult Correctional Institutions, 4th edition
 - (1) 4-4378
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
 - (1) 1- HC-1A-35 Pharmaceuticals

National Commission on Correctional Health Care (NCCHC):

- a. Standards for Health Services in Jails, 2014
 - (1) J-D-02